

Hampton Roads Radiology Associates

Patient Information

Lumbar and Thoracic Myelogram

Your referring physician has requested that you have a lumbar (or thoracic) myelogram. The following is a description of the procedure and a description of the potential complications, so that you can give informed consent to have the procedure.

A myelogram is an invasive procedure with some uncommon risks, so you will need to give informed consent. A needle will be placed with fluoroscopic (x-ray) guidance into the lumbar spine into the fibrous fluid containing sac that contains the lumbar nerve roots. Fluid may be withdrawn (if necessary) for routine laboratory tests and then myelogram contrast (x-ray dye) will be injected. Radiographs will be taken and then you will have a CT of the area, within an hour or two of the myelogram. You will then be monitored for potential complications in the hospital until you are discharged, usually about 4 hours after the procedure. You will be able to eat and drink as well as use the bathroom while in the hospital after the procedure.

Most complications of myelograms are rare (except for spinal headache) and the procedure is very safe. You need to know the potential complications which include:

1. **BLEEDING.** As with all needle procedures, bleeding can occur. As long as you have no bleeding tendency and are not on any blood thinners such as Coumadin, bleeding complications are extremely rare. However, patients have had to undergo emergency surgery to relieve pressure on the nerve roots and spinal cord because of bleeding after needle procedures like myelograms.
2. **INFECTION.** Any needle passing through the skin can introduce infection which in myelography would be meningitis. This is an extremely rare complication and sterile technique will be used.
3. **SEIZURE.** The injected contrast is absorbed around your brain in the first day and can be irritative. Some patients will complain of a mild headache, for which your nurse will give you pain medicine if necessary. It can also bring on seizures, even in patients with no history of seizures/epilepsy. This is very rare complication, but is the reason that you will be monitored

in the hospital for a few hours. Valium, which will often be given to you orally prior to the procedure, will reduce the tendency of the brain to have a seizure as well as be a mild sedative. You should not be currently taking any medications that may make seizure more likely, particularly antidepressants (Paxil, Prozac, Zoloft, Elavil etc.). Typically antidepressants are held for 2 days before and 2 days after the procedure but at times exceptions are made, depending on the antidepressant. Elavil must always be held before and after the procedure. Patients with known epilepsy taking anti-seizure medication, MAY have a myelogram but must be aware of the potential risk of inducing a seizure. An IV catheter (Heparin Lock) may be established prior to the procedure in patients felt to be at high risk for seizure.

4. SPINAL HEADACHE. This is a common complication. It may occur if the small hole in the fibrous sac does not close after the needle puncture. The fluid inside can then leak out, and when severe, the brain loses the cushioning effect of the fluid which causes a severe headache when you sit or stand. This occurs in up to 30-50% of patients that have a lumbar puncture of any kind including myelogram. They occur typically about 2-3 days, after the procedure and are positional, they come on when you sit or stand and go away when you lie down. It is important that you follow instructions and stay at bedrest getting up only to go to the bathroom for a full 24 hrs and drink plenty of fluids after the procedure. That is important to allow the small hole in the sac to heal. If you develop a spinal headache, it is OK to treat yourself. As long as you do not feel ill, have no fever, and the headache goes away when you lie down, you may treat yourself with another 24 hrs of bed rest with bathroom privileges while drinking plenty of fluids. This almost always works. If it does not, contact the radiologist who performed the procedure or your referring physician, and a procedure can be performed in the hospital that has a very high success rate in treating spinal headaches. This procedure is done in around 1% or less of patients after a myelogram, and is an epidural blood patch.

If you have any questions, please feel free to ask the physician performing the procedure prior to signing the consent form.